

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

| |
|----------------------|
| USDC SDNY |
| DOCUMENT |
| ELECTRONICALLY FILED |
| DOC #: |
| DATE FILED: 7/26/10 |

ALFREDO VICTORIA ©
NUWAUBI MOOR

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

1. WILLIAM LEE
2. PARCEL
3. OCOONER
4. MCKIEZER
5 STEFAIONI

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Second
AMENDED
COMPLAINT

under the Civil Rights Act,
42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

10 Civ. 4038 (PKC) (FM)

PRO SE OFFICE

I. Parties in this complaint:

28 List your name, identification number, and the name and address of your current place of
3: confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as
P necessary.

Name ALFREDO VICTORIA © TM
ID # 00A7489
Current Institution SOUTH PORT
Address PO BOX 2000 PINE CITY NEW
YORK 1487-2000

RECEIVED
SDNY PRO SE OFFICE

2010 JUL 26

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name WILLIAM LEE Shield # _____
 Where Currently Employed NYS GREEN HAVEN
 Address NYS / GREEN HAVEN

Defendant No. 2 Name PARCEL Shield # _____
 Where Currently Employed NYS / GREEN HAVEN
 Address _____

Defendant No. 3 Name OCCONE Shield # _____
 Where Currently Employed NYS GREEN HAVEN
 Address _____

Defendant No. 4 Name MCKIEZER Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? GREEN HAVEN CORRECTION FACILITY

B. Where in the institution did the events giving rise to your claim(s) occur?

C. ON A-BLOCK AND ADMISSION GREENHAVEN
 What date and approximate time did the events giving rise to your claim(s) occur?
DECEMBER TO DECEMBER 30 PHYSICAL ASSAULT
DECEMBER 30, 2009

D. Facts: I WAS ASSAULTED BY EMPLOYEES OF
GREENHAVEN LEG BROKEN AND SENT TO HOSPITAL
FOR A MONTH ON DEC. 30 2009 MEDICAL
REPORTS SHOW LEG WAS BROKE 3 PICTURES SHOW
INJURY FROM ACCESSIVE USE OF FORCE Sgt.
OCCURRED HELD ME AGAINST BARS AND JOE DOE
BROKE MY LEG PRISON GUARDS GREEN
HAVEN. BEAT ON ME A-BLOCK
ASSAULTED ME RAN IN CELL AND BEAT ON
ME A-BLOCK PRISON GUARDS THREATENED ME
FROM ADMISSION TO THE FACILITY A-BLOCK
DECEMBER TO DECEMBER 30 2009 AT GREEN
HAVEN THREATENED BY JOE DOE PRISON GUARD
AND HIS TEAM IN ADMISSION

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

OTHER PRISONER SCARED TO GIVE REPORT

I WAS DENIED DUE PROCESS AT FACILITY
HERRING. NO UNUSUAL INCIDENT REPORT
TO HAVE KNOWLEDGE OF COMPLETE INCIDENT.

ALL THE PRISONER ON A-BLOCK SAW IT

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

BARK RIBS HEAD
BROKEN LEG TAKEN SENT TO HOSPITAL IN
FACILITY DECEMBER, and EXRAYED AT OUTSIDE
HOSPITAL

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GREEN HAVEN correctional facility
PO BOX 4000 STORMVILLE, NEW YORK 12582-4000

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
 Yes ☒ No ☐ Do Not Know ☐
- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
 Yes ☒ No ☒ Do Not Know ☒

If YES, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
 Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

FACILITY

1. Which claim(s) in this complaint did you grieve? THE ASSAULT

2. What was the result, if any? THEY ignore it

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I wrote to Albany DCS/NYS
I wrote to Superintendent

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

CONSELTOR MS. JACKSON

Filed GRIEVANCE

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Compensation for
Injury And ASSAULT By DEFACTO ORGANIZATIONAL
STRUCTURE, DDCS/ NYS U-S Constitution

Compensation for ASSAULTS By ABUSIVE
SYSTEM

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

UNDER DURESS

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____ 3.

Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

UNDER DURESS

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

Signed this 19 day of July, 2010.

Signature of Plaintiff Victorino Alfredo ©TM
Inmate Number 00A2489
Institution Address Southport Correctional
Facility Po Box 2000
Pine City New York
14871-2000

I declare under penalty of perjury that on this 19 day of JULY, 2019, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Victoria Alfredo

10 CV 4038

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ALFREDO VICTORIA DOC # 2
NUWAUBIAN MOOR

(In the space above enter the full name(s) of the plaintiff(s).)

v.

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Defendant No. 1 ~~JOHN DOE~~ BRIAN FISCHER 2#

Defendant No. 2 JOHN DOE, WILLIAM LEE 3#

Defendant No. 3 JOHN DOE DAVID PATERSON 1#

Defendant No. 4 JOHN DOE ~~JOHN DOE~~ 4#

Defendant No. 5 JOHN DOE 5#

Jury Trial: Yes ☒ No ☐
(check one)

FILED
S. DISTRICT COURT
2010 MAY 17 AM 9:32
RECEIVED
SDNY PRO SE OFFICE
2010 APR -7 P 4:10
S.D. OF N.Y.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name ALFREDO VICTORIA @
ID # 00A2484
Current Institution GREEN HAVEN
Address PO BOX 4000 STORMVILLE, NEW

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name BRIAN FISCHER Shield # _____
 Where Currently Employed NYS / DOCS
 Address _____

Defendant No. 2 Name William Lee Shield # _____
 Where Currently Employed NYS / GREEN HAVEN
 Address _____

Defendant No. 3 Name JOE DOE Shield # _____
 Where Currently Employed NYS ~~GREEN~~ DOCS / NY
 Address GREEN

Defendant No. 4 Name JOE DOE Shield # _____
 Where Currently Employed NYS / DOCS
 Address _____

Defendant No. 5 Name JOE DOE Shield # _____
 Where Currently Employed NYS / DOCS
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? GREEN HAVEN
CORRECTIONAL FACILITY

B. Where in the institution did the events giving rise to your claim(s) occur? ON
A - BLOCK AND ADMISSION GREEN HAVEN
CORRECTIONAL FACILITY (DOWNSTATE +)

C. What date and approximate time did the events giving rise to your claim(s) occur? DECEMBER
TO DECEMBER 30 - PHYSICAL ASSAULT DECEMBER 30 -
2009

D. Facts: I WAS ASSAULTED BY EMPLOYEE OF GREEN HAVEN LEG BROKEN AND sent to HOSPITAL FOR A MONTH ~~now~~ Dec. 30 2004 MEDICAL REPORTS SHOW LEG WAS BROKE 3 PICTURE SHOW INJURY FROM ACCESSIVE USE OF FORCE. JOE DOE HELD ^{me} AGAINST BARS AND JOE DOE BROKE MY LEG PRISON GUARDS GREEN HAVEN. ~~REPORTER~~ ASSAULTED ME RAN IN CELL AND BEAT ON ME H-BLOCK PRISON GUARDS THREATENED FROM ADMISSION TO THE FACILITY ~~Block~~ FOR DECEMBER TO DECEMBER 2009 AT GREEN HAVEN. THREATENED BY JOE DOE PRISON GUARD AND HIS TEAM. in Admission

OTHER PRISONER SCARED TO GIVE REPORT BECAUSE OF ARRASSMENT By PRISON GUARDS

ALL THE PRISONER ON H-BLOCK AND THOUGHT TRANSFERED WITH ME FROM ATTICA TO DOWN STATE TO GREEN HAVEN

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

BACK, RIBS ~~BROK~~ HEAD, BROKEN LEG, TAKEN sent to Hospital in facility/Doc AND EXRAYED AT on side Hospital.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). GREEN HAVEN CORRECTIONAL FACILITY
PO Box 4000 Stormville, New York 12572-4000

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? I -

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Facility

1. Which claim(s) in this complaint did you grieve? THE ASSAULT

2. What was the result, if any? THEY IGNORE IT

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I WROTE to Superintendent
I wrote to ALBANY DOCS/NYS

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes ☐ No ☐

1. If YES, whom did you inform and when did you inform them? I in form
DOCS, I informed ALBANY DOCS 2009-2010

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I wrote to ALBANY DOCS, I wrote
to the Superintendent

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you. Compensation for
injury and assault by defective organizational
structure, DOCS, N.Y.S. U.S. Constitution
Compensation for assaults by abusive
system

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If

there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff ALFREDO VICTORIO © NUWAUBIAN MORE

Defendants DOCS/NYS

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☒ No ☐

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff ALFREDO VICTORIO © NUWAUBIAN MORE

Defendants DOCS/NY

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit: _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Signed this 3 day of April, 2010. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

VICTORIA ALFREDO ©

00A2484

GREEN HAVEN Corr. Ctr.

P.O. Box 4000

Stormville N.Y. 12582-

4000

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3 day of April, 2010, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

VICTORIA Alfredo ©

UNITED STATES DISTRICT COURT

for the

Southern District of New York

Alfredo Victorio Nuwaubian Moor

Plaintiff

Civil Action No.: **10 CIV 4038 (PKC)**
JUDGE CASTEL

v.

William Lee; John Doe;
John Doe; John Doe; John Doe;

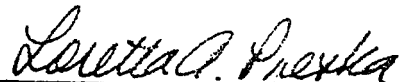
Defendant

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Defendant(s) shall reply (answer or move)
to this complaint within the time set forth
on this summons. Prison Litigation Reform
Act § (2)(g)(2).
SO ORDERED.

A lawsuit has been filed against you.



LORETTA A. PRESKA
CHIEF JUDGE

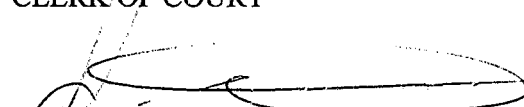
Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff(s) attorney, whose name and address are:

PRO SE: ALFREDO VICTORIO NUWAUBIAN MOOR
DIN # 00-A-2489
GREEN HAVEN CORRECTIONAL FACILITY
P.O. BOX 4000
STORMVILLE, NEW YORK 12582

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

RUBY KRAJICK
CLERK OF COURT

Date: **MAY 27 2010**


Signature of Clerk of Deputy Clerk

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKALFREDO VICTORIA © TMNUWABI MOOR

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

10 Civ. 4038 (PKC) ()

- against -

WILLIAM LEE / DOCS / NYSPARCELOCCONEKMCKIEZER & STEFALONI

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

AFFIRMATION OF SERVICE

I, ALFREDO VICTORIA TM, declare under penalty of perjury that I have
(name)served a copy of the attached AMENDED COMPLAINT
(document you are serving)upon RUBY S. KRATICK whose address is COURT PROSE
(name of person served)CLERK UNITED STATES DISTRICT COURT 500 PEARL ST.
(where you served document)by POSTAL MAIL BOX SOUTH PORT
(how you served document: For example - personal delivery, mail, overnight express, etc.)Dated: _____, NY
(town/city) (state)28 JULY 19, 2010
(month) (day) (year)RECEIVED
CIVIL PRO SE OFFICE
2010 JUL 26 P 3:28ALFREDO VICTORIA ©
Signature_____
AddressNYS,
City, State_____
Zip Code_____
Telephone Number



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MEMORANDUM

Pro Se Office

To: The Honorable Frank Maas, USMJ

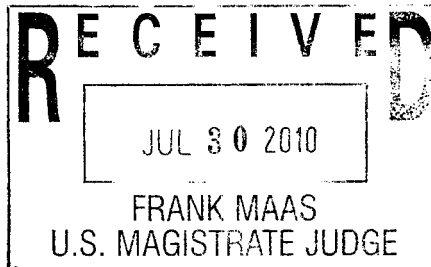
From: K. Johnson, *Pro Se Office*, x0177

Date: July 29, 2010

Re: Moor v. Fischer et al., No. 10 Civ. 4038 (FM) (PKC)

The attached document, which was received by this Office on July 26, 2010 has been submitted to the Court for filing. The document is deficient as indicated below. Instead of forwarding the document to the docketing unit, I am forwarding it to you for your consideration. See Fed. R. Civ. P. 5(d)(2)(B), (4). Please return this memorandum with the attached papers to this Office, indicating at the bottom what action should be taken.

- () No original signature.
- () No affirmation of service/proof of service.
- () The request is in the form of a letter.
- (X) Other: Plaintiff submits the attached amended complaint. However, a review of the Court's records reflects that on June 10th an amended complaint was already filed. As a result, plaintiff must first seek permission before attempting to file another amended complaint. If accepted for filing, please instruct whether this Office can write in the word "Second" on the amended complaint to avoid any confusion.



(✓) ACCEPT FOR FILING *et label as Second Am. Compl.* () RETURN TO *PRO SE* LITIGANT

Comments:

United States District Judge

United States Magistrate Judge

Dated: 7/30/10

AUG 02 2010

SE OFFICE

PC